

EXHIBIT D

Page 1

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY
CAMDEN VICINAGE

)
IN RE: VALSARTAN, LOSARTAN,)
AND IRBESARTAN PRODUCTS)
LIABILITY LITIGATION)
)
) MDL No. 2875
THIS DOCUMENT RELATES TO:) Case No. 1:20-cv-00946-RB-KJS
Gaston Roberts et al., V.)
Zhejiang Huahai)
Pharmaceutical Co., et al.)
)
_____)

REMOTE VIDEOTAPED DEPOSITION OF
FAREEHA SIDDIQUI, M.D.
Tuesday, April 29, 2025
Volume I

Reported by:
ALEXIS KAGAY
CSR No. 13795
Job No. 7344551
PAGES 1 - 342

<p style="text-align: right;">Page 190</p> <p>1 So I think that's why I didn't even put that 2 in, because I put that in later saying that there 3 was a plan to start radiation because when you 4 autopoluate, they're using EMR, they're using 5 electronic medical records, and they're 01:53:42 6 constantly -- they're all autopoluating. 7 So they're not going to go back and ask 8 everything, ask all the exposures, what they do in 9 the limited amount of time that they have -- and 10 they are excellent doctors -- what they do, is they 01:53:59 11 autopoluate and get to what they need to do and the 12 focus of that the day is, this patient is sick, he 13 needs treatment, what do we need to do? 14 So I don't discount anything he's written. 15 All I'm saying is this is exactly happened. It's an 01:54:09 16 autopolated past medical history and he doesn't 17 have the benefit that I do of looking at everything. 18 BY MS. ROSE: 19 Q Doctor, have you spoken with Dr. Jacob in 20 connection with forming your opinions in this case? 01:54:25 21 A No, I have not. 22 Q Okay. And so you don't know that the 23 impression and plan written here in which it is 24 stated that there's a "63-year old CM with HCC 25 arising out of NASH cirrhosis" was something that 01:54:40</p>	<p style="text-align: right;">Page 192</p> <p>1 patient and he did appropriately. 2 BY MS. ROSE: 3 Q You -- you discount this statement in the 4 medical records that that Mr. Roberts' HCC was 5 arising out of NASH cirrhosis based on an assumption 01:55:59 6 that that phrase was autopolated and not written 7 by the doctor. Is that what you're saying? 8 A No, I'm not -- 9 MR. NIGH: Form objection. Mischaracterizes 10 testimony, and asked and answered multiple times. 01:56:10 11 You can answer. 12 THE WITNESS: I do not -- I do not -- sorry, 13 what did you say? Whatever -- whatever you said, if 14 you could repeat that because I did not say that. 15 BY MS. ROSE: 01:56:22 16 Q Okay. Well, we can leave it at that. All 17 right. So Doctor, I just want to follow-up on 18 cirrhosis. 19 So I believe that it's your opinion that it 20 doesn't make sense that the features of cirrhosis 01:56:41 21 identified on the April 2016 scan could progress to 22 HCC in the time period from April 2016 to 23 August 2018; is that correct? 24 A So based on my review of Mr. Roberts, a 25 thorough review of his medical notes, his past 01:57:08</p>
<p style="text-align: right;">Page 191</p> <p>1 was autopolated and that Mr. -- Dr. Jacob did not 2 write; is that correct? 3 A So -- 4 MR. NIGH: Form objection. 5 THE WITNESS: So I don't know what happened 01:54:50 6 on that day and in this note and by this doctor, but 7 what I do know that is most systems now, especially 8 university systems, use electronic medical records 9 that autopoluate. 10 And most of those -- I can even -- you know, 01:55:03 11 everyone knows what those ERMs are and everyone 12 knows how it's done. I don't know what happened, 13 but I have a very good guess. I can -- a very high 14 probability that all these things that you're 15 reading in the impression and plan, even if they're 01:55:16 16 written, even "CM," Caucasian male, right? Even if 17 that stuff is written by him, and all that stuff is 18 written by him, I can tell you, I'm very confident 19 about it, that the goal for that doctor that day, if 20 we keep it in context, was to treat the sick 01:55:35 21 patient. 22 It was not to go over his entire history from 23 his teenage years to now and look at the risk 24 factors that caused it. I can tell you that I'm 25 extremely sure of that. The goal was to treat this 01:55:47</p>	<p style="text-align: right;">Page 193</p> <p>1 medical history, based on the literature that I 2 read, Mr. Roberts didn't have any aggressive risk 3 factors. 4 The risk factors that he had, which I listed, 5 would have been captured on that 2016 CAT scan as 01:57:24 6 that cirrhosis, that was mild enough not even to be 7 called cirrhosis. 8 Q Did you agree that, Dr. Mele, plaintiff's 9 expert in this case, states that on the 20 -- 10 sorry -- on the April 2016 CT scan, there was 01:57:47 11 features of cirrhosis present; correct? 12 A Oh, yes. I'm not discounting that. I'm not 13 discounting what the radiologists are saying. 14 They're excellent radiologists and they said that. 15 Now, however, again, I would say cirrhosis is 01:58:00 16 an evolution and is a dynamic chronic disease and 17 even if there were signs of cirrhosis in the liver 18 radiologically, physically, he did not have those 19 signs and he was, in fact -- I would again state 20 that everything put together was, in my opinion, so 01:58:22 21 mild that he wasn't even given a diagnosis of 22 cirrhosis at that time, even with those findings on 23 the scans. 24 Q I want to talk about some of the other risk 25 factors for HCC that you say you ruled out as 01:58:35</p>

<p style="text-align: right;">Page 242</p> <p>1 So I'm asking the follow-up question, if 2 Mr. Roberts had diabetes in 2007, is there any basis 3 to rule out that -- his diabetes as potential cause 4 of his HCC? 5 MR. NIGH: Form objection. 03:28:37 6 THE WITNESS: So this is how I would look at 7 it, in my opinion. 8 So if I have these -- what's presented -- 9 what's presented to me and it's a hypothetical -- 10 hypothetical question, it's completely -- and 03:28:48 11 hypothetically and everything else is the same; 12 right? 13 Q Oh, I -- I don't think this is really a 14 hypothetical question because there is an indication 15 of diabetes, so I'm asking if you said that this 03:28:58 16 note could be interpreted multiple ways, I believe. 17 A Yes. 18 Q So if this note indicates that Mr. Roberts 19 had been diagnosed with diabetes in 2007, what is 20 your basis to rule out his diabetes as a potential 03:29:11 21 cause of his HCC? 22 A I see. Okay. 23 MR. NIGH: Form objection. 24 THE WITNESS: So 2007 -- 2007, we have a note 25 pointing towards diabetes mellitus, we also have 03:29:24</p>	<p style="text-align: right;">Page 244</p> <p>1 fibrosis, which then can over time lead to 2 cirrhosis, which then over nearly a decade as I had 3 mentioned, can lead to HCC. 4 And all of that, all of that, again, I would 5 say would have been picked up in 2016, so if we 03:30:53 6 start looking in 2016, again, we have in -- with 7 this plaintiff, we have a 2016 scan that does not 8 diagnose it -- diagnose him with cirrhosis; yes? 9 There are markers of, you know, radiological markers 10 of cirrhosis, but there's no clinical marker of 03:31:15 11 cirrhosis. 12 So whenever the diagnosis was of diabetes and 13 whenever treatment started, the fact is that in 14 2016, he didn't have any clinical -- any clinical 15 signs of cirrhosis. He didn't. Which then, again, 03:31:30 16 calls into question the fact that within 2 years, 17 for 2016, 2018, he then had obvious signs of 18 cirrhosis and multiple huge liver lesions consistent 19 with aggressive HCC. 20 So for me, no, it would not change -- I would 03:31:51 21 still rule the IBTs out as a risk factor for this 22 patient, for Mr. Roberts, for this plaintiff. I 23 assume -- of course, IBT, there's a risk factor 24 for -- you know, in general we can discuss that, but 25 for Mr. Roberts, I would rule it out as a risk 03:32:09</p>
<p style="text-align: right;">Page 243</p> <p>1 another note questioning diabetes mellitus and we 2 have no evidence of medication usage. 3 So if we make the assumption based on that 4 one note that says "DM" that there was diabetes 5 mellitus, we can also make the assumption then that 03:29:36 6 it was low-grade diabetes mellitus or diabetes 7 mellitus that was not treated because he wasn't put 8 on medication. 9 At least that's my understanding of it. 10 And then in 2016, we fast forward to 2016, 03:29:47 11 where we talk about the fact that he had recently 12 been diagnosed with diabetes mellitus and started on 13 Metformin, et cetera. 14 Ultimately, whenever he was diagnosed with 15 the diabetes, if we are looking at diabetes in the 03:30:02 16 context of hepatocellular carcinoma, the way -- and 17 we looked at it in the studies that you also shared 18 with me. 19 If we look at diabetes in the context of 20 hepatocellular carcinoma, it's a chronic disease in 03:30:15 21 progression. Diabetes, under an umbrella of 22 metabolic syndrome or MASLD, that then leads to 23 increased insulin resistance, increased cytokine, 24 mediated inflammation, increased -- basically 25 proinflammatory markers, which then leads to 03:30:37</p>	<p style="text-align: right;">Page 245</p> <p>1 factor based on what I just explained. 2 Q You just mentioned clinical markers of 3 cirrhosis. What are the clinical markers of 4 cirrhosis? 5 A I think I -- I didn't say -- I think I said 03:32:21 6 clinically. If I said clinical markers, what I 7 meant was clinically. 8 Q Okay. I am reading the transcript. You 9 said, "The fact is that in 2016, he didn't have any 10 clinical -- any clinical signs of cirrhosis." Hold 03:32:43 11 on, I think you said something earlier. 12 You also said, "We have a 26 scan, that does 13 not diagnose it -- diagnose him with cirrhosis, yes. 14 There are markers of, you know, radiological markers 15 of cirrhosis, but there's no clinical marker of 03:33:04 16 cirrhosis." 17 So I wanted to know what are the clinical 18 markers of cirrhosis? 19 A Sorry -- 20 MR. NIGH: Form objection. 03:33:11 21 THE WITNESS: So let me just -- let me 22 just -- I think I -- I wasn't specifically -- when I 23 was explaining it to you, I wasn't specifically 24 talking about clinical markers, I was talking about 25 clinically, he doesn't have it. So yeah, I wasn't 03:33:24</p>

<p style="text-align: right;">Page 314</p> <p>1 MR. NIGH: Form objection.</p> <p>2 BY MS. ROSE:</p> <p>3 Q I was trying to verify. I was asking if you</p> <p>4 had the belief that HCC caused -- sorry, if you had</p> <p>5 the belief that NDMA caused HCC as of November 2024. 05:28:47</p> <p>6 MR. NIGH: Form objection.</p> <p>7 THE WITNESS: I'm not sure about the dates</p> <p>8 and the timings because these are thought processes</p> <p>9 and you're going and reading through so much. Also,</p> <p>10 as far as testimony, it's a very high intense thing 05:29:04</p> <p>11 and if I say not currently, that means right there</p> <p>12 and then I can't think of an answer for him.</p> <p>13 However, I have been reading for years, I've</p> <p>14 been going over medical histories for years, so I've</p> <p>15 been basing -- whatever we've talked about today is 05:29:23</p> <p>16 based on years of treating HCC. It's based on a</p> <p>17 thorough literature review. It's based on a</p> <p>18 thorough animal study review and EP review. And I</p> <p>19 believe that Mr. Roberts' HCC was caused by NDMA.</p> <p>20 Q And did you have that belief as of 05:29:45</p> <p>21 November 2024?</p> <p>22 MR. NIGH: Form objection.</p> <p>23 THE WITNESS: I can't recall that.</p> <p>24 MS. ROSE: Okay. All right. I don't have</p> <p>25 any more questions, thank you Dr. Siddiqui. 05:29:58</p>	<p style="text-align: right;">Page 316</p> <p>1 A "For the purposes of this report, I reviewed</p> <p>2 the general causation report of Dr. Hecht,</p> <p>3 Dr. Plunkett, Dr. Etminan, Dr. Madigan, Dr. Lagan,</p> <p>4 Dr. Najafi and Dr. Panigrahy, and the specific</p> <p>5 causation report of Dr. Sawyer and Dr. Mele." 06:02:10</p> <p>6 Q Okay. Does this help refresh your memory as</p> <p>7 to whether or not you reviewed these reports before</p> <p>8 submitting your final report?</p> <p>9 A Yes, I reviewed them before submitting my</p> <p>10 final report. 06:02:27</p> <p>11 Q And doctor, you mentioned many times during</p> <p>12 questions that that's your holistic approach in this</p> <p>13 case, do you remember that?</p> <p>14 A I do.</p> <p>15 Q And part of the support in your case would be 06:02:34</p> <p>16 the review of these expert reports; correct?</p> <p>17 MS. ROSE: Object to the format.</p> <p>18 THE WITNESS: It is.</p> <p>19 BY MR. NIGH:</p> <p>20 Q Now doctor, part of your support of your 06:02:45</p> <p>21 opinions would be the review of these general</p> <p>22 causation of expert and specific causation expert</p> <p>23 reports that are listed in this paragraph; correct?</p> <p>24 MS. ROSE: Object to the format.</p> <p>25 THE WITNESS: Correct. 06:02:57</p>
<p style="text-align: right;">Page 315</p> <p>1 THE WITNESS: Thank you.</p> <p>2 MR. NIGH: Okay. Will do -- we need to take</p> <p>3 a break here.</p> <p>4 THE VIDEOGRAPHER: Okay. The time is</p> <p>5 5:29 p.m. We're going off the record. 05:30:07</p> <p>6 (Recess.)</p> <p>7 THE VIDEOGRAPHER: The time is 6 o'clock p.m.</p> <p>8 and we are back on the record.</p> <p>9 BY MR. NIGH:</p> <p>10 Q Hi, Doctor. My -- my name is Daniel Nigh. I 06:01:23</p> <p>11 wanted to ask you a few questions.</p> <p>12 A Thank you.</p> <p>13 Q At the beginning of the deposition, you were</p> <p>14 asked if you reviewed Dr. Mele's report.</p> <p>15 Do you remember that? 06:01:36</p> <p>16 A Yes.</p> <p>17 Q And you weren't sure of the exact date that</p> <p>18 you had reviewed Dr. Mele's report.</p> <p>19 Do you remember that?</p> <p>20 A Yes. 06:01:41</p> <p>21 Q Okay. Doctor, I want to turn your attention</p> <p>22 to page 1 of your expert report, underneath "Heading</p> <p>23 of Specific Causation."</p> <p>24 A Yes.</p> <p>25 Q Can you read the last sentence there? 06:01:52</p>	<p style="text-align: right;">Page 317</p> <p>1 BY MR. NIGH:</p> <p>2 Q Doctor, you were asked questions about</p> <p>3 surveillance for cirrhosis and guidelines for this,</p> <p>4 do you remember that?</p> <p>5 A Yes. 06:03:06</p> <p>6 Q And doctor, generally speaking, those</p> <p>7 guidelines would be for patients who are diagnosed</p> <p>8 with cirrhosis; correct?</p> <p>9 MS. ROSE: Object to the form.</p> <p>10 THE WITNESS: Correct. 06:03:17</p> <p>11 BY MR. NIGH:</p> <p>12 Q Doctor, I want to talk about cirrhosis. You</p> <p>13 were asked a lot of questions about cirrhosis and</p> <p>14 the radiologist's opinions, do you recall that?</p> <p>15 A I do. 06:03:36</p> <p>16 Q Okay. And doctor, when you're looking at</p> <p>17 cirrhosis, you considered both the radiological</p> <p>18 signs and the clinical symptoms; correct?</p> <p>19 MS. ROSE: Object to the form.</p> <p>20 THE WITNESS: Correct. 06:03:47</p> <p>21 BY MR. NIGH:</p> <p>22 Q And why is that?</p> <p>23 A Because everything has to be taken in</p> <p>24 totality. The radiological signs and the physical</p> <p>25 or clinical signs have to be put together to make a 06:04:02</p>